



Department of Permitting Services  
Division of Building Construction  
255 Rockville Pike, 2nd Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240) 777-0311  
Fax (240)-777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



## Application for Electrical License Examination

### A. Qualifications:

#### MINIMUM QUALIFYING EXPERIENCE

PLEASE SELECT ONE

- ☐ APPRENTICE (no examination required- this is a registration only-per year)

[Apprentice License Procedure](#)

- ☐ JOURNEYMAN (over 300 amp service)

4 YEARS

[Procedure for Journeyman License](#)

- ☐ MASTER ELECTRICIAN LIMITED

4 YEARS

- ☐ MASTER ELECTRICIAN

8 YEARS

[Procedure for Master and Limited Master License](#)

- If limited license is requested, indicate nature of work: \_\_\_\_\_

NOTE: PLEASE REVIEW OUR FEE SCHEDULE. FEES ARE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1<sup>ST</sup>.

#### FOR OFFICE USE ONLY

License No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check No: \_\_\_\_\_ Receipt No: \_\_\_\_\_

#### EXAM

Check No. \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Approved { } Rejected { }

Board member's signature \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR BOARD USE ONLY

EXAMINATION

DATE

GRADE

BOARD MEMBERS SIGNATURE

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED – PLEASE PRINT

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Education (Please circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

High School: \_\_\_\_\_ College: \_\_\_\_\_

Trade School: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_ Year: \_\_\_\_\_

**B. References**

To assist the Board in evaluating your qualifications, each applicant must furnish the names and addresses of at least three (3) references that have personal knowledge of your character, reputation and experience, none of whom are relatives, either by birth or marriage.

**NAME****ADDRESS**

_____	_____
_____	_____
_____	_____

**C. Experience**

Verification of experience is required on employer's letterhead, signed by a Master Electrician of the company. License number and jurisdiction of Master Electrician must be indicated on letter.

Employers Name	Address	Title of Position
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Nature of Work	From	To
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Employers Name	Address	Title of Position
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Nature of Work	From	To
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Employers Name	Address	Title of Position
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Nature of Work	From	To
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**D. Licenses and Violations**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you ever been convicted of any electrical license related criminal act in any jurisdiction?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever operated as an Electrical Contractor Business in Montgomery County?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had an Electrical License or Bond suspended or revoked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there any electrical violations outstanding against electrical permits issued to you in any jurisdiction within the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)

**E. Affidavit**

"I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief." I further authorize the release of any information contained within this application to an authorized representative of the Department of Permitting Services for further investigation.

Original Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_